NOTICE AND DEMAND TAG

Original tag (front side)

STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES
NOTICE AND DEMAND (ND-9)

NDH113407

DATE OF NOTICE ► MONTH | DAY | YEAR | TIME | AM / PM
LOCATION:

REGISTRATION ► NUMBER | CLASS
YEAR | MAKE | BODY/STYLE

VEHICLE IDENTIFICATION NUMBER

OWNER NAME

STREET ADDRESS

CITY/TOWN | STATE

▼ OPERATOR (IF NOT OWNER) ▼
OPERATOR NAME

STREET ADDRESS

CITY/TOWN | STATE

DATE OF BIRTH | OPERATOR'S LICENSE NUMBER/STATE

PRESENT STICKER ► | NUMBER | EXPIRES

**FORWARD THIS COPY TO
MOTOR VEHICLE SAFETY AND
EMISSION CONTROL DIVISION
325 MELROSE ST., PROVIDENCE, R.I. 02907
WITHIN 5 DAYS OF NOTICE DATE**

NOTICE: THIS VEHICLE IS NOT IN COMPLIANCE WITH R.I. LAW. DEMAND IS MADE THAT ALL DEFECTS BE CORRECTED.

A ☐ HEADLIGHT   B ☐ FOOT BRAKE   C ☐ INSPECTION STICKER REQ'D
D ☐ TAIL LIGHT   E ☐ PARK BRAKE
F ☐ WINDSHIELD
G ☐ PLATE LIGHT   H ☐ PLATE
I ☐ WIPERS
J ☐ STOP LIGHT   K ☐ MIRRORS
L ☐ EXHAUST SYSTEM
M ☐ DIRECTIONAL SIGNALS   N ☐ HORN
O ☐ TIRES
P ☐ EXCESSIVE EMISSIONS
Q ☐ SMOKE   R ☐ SUNSCREENING TINT
S ☐ OTHER ▼

ISSUED BY | SIGNATURE
DEPT. NO. | BADGE NO. | X

Original tag (back side)

REVISED 01-99

THIS SIDE FOR OFFICE USE ONLY

NOTIFIED

SUSPENDED

DENIED

PICK UP

PLATE REC'D

COMPLIED

APPROVED

REMARKS:

Compliance copy (front side)

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PRESENT STICKER ► | NUMBER | EXPIRES

ALL DEFECTS MUST BE CORRECTED AND VEHICLE PRESENTED TO ANY RI OFFICIAL INSPECTION STATION WITHIN

5 CONSECUTIVE DAYS FROM DATE OF THIS INVOICE
SEE OTHER SIDE ► ► ►

FAILURE TO COMPLY MAY RESULT IN SUSPENSION OF VEHICLE REGISTRATION.

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Q ☐ SMOKE   R ☐ SUNSCREENING TINT
S ☐ OTHER ▼

ISSUED BY | SIGNATURE
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REVISED 01-99

VEHICLE OWNER:

AFTER INSPECTION AND APPROVAL RETURN THIS NOTICE IMMEDIATELY TO:

MOTOR VEHICLE SAFETY AND
EMISSION CONTROL DIVISION
325 MELROSE STREET
PROVIDENCE, R.I. 02907
TEL. 401-222-2983

IN THE EVENT OF NON-COMPLIANCE THIS VEHICLE SHALL NOT BE OPERATED ON ANY ROAD IN THIS STATE

INSPECTION STATION:

INSTRUCTIONS:

IF A VEHICLE IS FOUND TO HAVE DEFECT(S) NOT MARKED ON FACE OF THIS NOTICE DO NOT APPROVE UNTIL ALL DEFECTS HAVE BEEN CORRECTED.

IF STICKER IS REQUIRED INSPECT VEHICLE COMPLETELY PRIOR TO ISSUING NEW STICKER.

COMPLIANCE APPROVAL
(TO BE COMPLETED BY INSPECTION STATION)

| DATE APPROVED | MO | DAY | YR | STICKER NUMBER | |
| STATION NUMBER | | | | REGISTRATION NO. | |

USE OFFICIAL STATION STAMP HERE

I HAVE INSPECTED THIS VEHICLE AND FOUND ALL DEFECTS TO HAVE BEEN CORRECTED AND CERTIFY OWNER'S COMPLIANCE WITH THIS NOTICE AND DEMAND.

X_____
INSPECTOR'S SIGNATURE AND CERTIFICATION NUMBER